



OFFICE OF THE PROSECUTING ATTORNEY
DWIGHT K. SCROGGINS, JR., PROSECUTING ATTORNEY
411 Jules, Buchanan County Courthouse, St. Joseph, Missouri 64501

— BAD CHECK COMPLAINT AND INFORMATION —

This form is to be completed by the PERSON WHO ACTUALLY TOOK THE CHECK.
Please legibly print or type all information. EVERY QUESTION MUST BE ANSWERED!
Include: Copy of 10-day letter, original check, and green certified mail card (if applicable).

1. Victim who / Business which accepted the check:
Name _____
Address _____ Phone _____
City, State, Zip Code _____
2. Person who ACTUALLY TOOK the check:
Name _____
Address _____ Phone _____
City, State, Zip Code _____
3. Date of purchase or service _____
4. Was check postdated or was there an agreement to cash it later? Yes No
5. WHAT merchandise or service was provided? _____
6. Has the person who passed the check been notified that the checks were refused by the bank? Yes No What date were they notified? _____
7. How was the check passer notified? Phone Mail Personally
8. Full name of the person who notified the check passer _____
9. Do you personally know the person who gave you the check? Yes No
10. Can you identify the person who gave you the check? Yes No Maybe
11. Information of the person who passed the check that must be obtained:
Social Security Number _____
Date of Birth _____
Phone Number _____
Drivers License Number _____
State of License _____
Expiration Date of License _____
12. Signature of person who actually took the check _____
Date _____ Phone number (work) _____ (home) _____

*Additional information? Please include on back of this form.
Please separate checks and staple **ONE CHECK PER FORM.***

CLEAR FORM

PRINT FORM